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**Consent Form for Collection of Child from**

**School Wrap in Long Buckby**

**Name of Child ……………………………………………………………………….**

The named adults below have my authorisation to collect my child from School Wrap in my absence.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of adult** | **Address** | **Phone number** | **Relationship to child** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**My chosen password for named persons to collect is: …………………..**

It is parents and/or carers responsibility to inform School Wrap to any change that may occur to the authorised person collecting and/or to any change required to the password.

I agree to update School Wrap’s Manager / Administrator with any changes.

**Signed:**

**Dated:**